

Case Number:	CM14-0068911		
Date Assigned:	07/14/2014	Date of Injury:	05/02/2012
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 21 year old female with a 5/2/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 3/26/14 noted subjective complaints of chronic, severe, constant 10/10 low back pain with radiation of symptoms throughout her back. Pain reduced to 6/10 with medications. Objective findings include tenderness over the L3-L5 facets. It notes that she has had narcotic pain medication, and she is currently on Naproxen, Robaxin, Fexmid, and Voltaren. Lumbar MRI from 3/3/14 noted degenerative disc changes at L4-L5 with 2-3 mm of circumferential annular disc bulging and 3 mm of posterior central disc bulging displacing the epidural fat but without effect upon the central dural sac. This may slightly impinge upon the descending left L5 nerve root sleeve. No central canal stenosis was noted. An EMG/NCV on 3/12/14 was suggestive of mild left L5 radiculitis. Diagnostic Impression: degeneration of lumbar or lumbosacral intervertebral disc
Treatment to Date: medication management
A UR decision dated 4/14/14 denied the request for medial branch block L3 L4 Dorsal Ramus L5 bilaterally. The clinical information submitted failed to show evidence that the patient had participated in home exercise or physical therapy in addition to her NSAID medication for at least 4 to 6 weeks prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medial Branch Block L3 L4 Dorsal Ramus L5 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Medial Branch Blocks.

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. Additionally, ODG recommends that the sequence of treatment modalities begin with an initial intra-articular facet block. If successful, then proceeding to diagnostic medial branch block would then be appropriate, followed by neurotomy if the medial branch block were positive. There is documented evidence of likely facet-mediated lumbar pain. However, there is no clear documentation of conservative treatment such as physical therapy for at least 4-6 weeks. Furthermore, there is no mention in the provided documentation of a prior effective intra-articular facet block. It is unclear why a diagnostic medial branch block would be pursued without evidence of an effective intra-articular treatment. Therefore, the request for medial branch block L3 L4 dorsal ramus L5 bilaterally was not medically necessary.